



Master Gardener Application 2010 Winter Program

Please complete all questions legibly. Acceptance is based on the completeness of the application, volunteer application form and the criminal history check form. Class fee is \$250.00. Please enclose a check with completed application made out to MSU. Deadline for registration is February 8, 2010. The Master Gardener class series will be held beginning Tuesday, February 23, 2010 and ending May 11, 2010. Class times are 5:30-9:30 p.m.

Please PRINT:			
Full Name:			
Street Address:			
City:			
Daytime Phone:	Evening Phone:		
E-mail address:			
Place of Employment:		If	
retired, what was your profession?			
The Master Gardener program of Bay C Michigan State University Extension	•		
willingne	ss to be volunteer in this program.		
When are you most likely to be available to vo	plunteer for projects? Check all that a	pply:	
Evenings	WeekendsWeekdays		
Please indicate the approximate number of ho	urs that you would be available to vol	unteer:	
Hours per week Will you be al	ble to volunteer 40 hours required the	first year? Yes No	
The Bay County Master Gardener Volunteers interest or ones in which you have expertise.	are involved in a wide range of proje	cts. Please mark the projects of	
Home Gardening Hotline	Developing Displays	Environmental Programs	
Community Gardening (RSVP)			
Bay Area Women's Center			
Riverwalk Beautification	Speaker's Bureau	Youth Gardening	
Kiver want Beautification	Speaker & Bareau	Programs	
Photography	Computer Work	•	
Organizational Work	Educational Outreach	Water Quality Programs	

Do you belong to any garden clubs or plant societies? If so, which one(s):				
What education or experience do you have in related fields? (Circle those that apply):				
Entomology, Pathology. Soils, Nutrition, Other. Please elaborate				
What special talents or skills do you have (computer skills, photography, writing, art, public speaking/teaching, etc.)				
What is your experience with volunteer or community organizations?				
For how long?				
Why are you interested in becoming a Master Gardener Volunteer?				
Please check the appropriate statement(s) below:				
☐ I consent to have my name, address, and phone number listed on a class roster for the members' notebook.				
Initial				

Read the following statement carefully before signing:

I authorize Michigan State University Extension to record and photograph my image and/or voice for use by Michigan
State University Extension or its assignees in research, educational, and promotional programs. I understand and agree
that these audio, video, film, and/or print images may be edited, duplicated, distributed with or without charge,
reproduced, broadcast, and/or reformatted in any form and manner without payment of fees, in perpetuity.

Your Signature:	Date:	
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Enclose your check, payable of *MSU Extension*, with this application and return to MSU Extension - Bay County, 515 Center Avenue, Suite 301, Bay City, Michigan 48708-5124. Payment must accompany you application to secure your place in the class. No refund will be given within 14 days of the first class. Instead, the payment and registration will be applied to a future class.

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Accommodations for persons with disabilities may be requested by contacting MSU Extension - Bay County at (989) 895-4026.